

**CLASS TITLE: CODING SPECIALIST ABTRACTOR**

**Class Code: 02815600**

**Pay Grade: 26A**

**EO: B**

**CLASS DEFINITION:**

**GENERAL STATEMENT OF DUTIES:** Review and evaluate in-patient and out-patient medical health records to extract pertinent diagnostic, procedural and demographic information; ensure proper assignment and maximization of financial reimbursement through proper interpretation and application of HCFA, ICD-9-CM and CPT-4 rules and regulations, and the correct selection, sequencing and coding of diagnostic and procedural information; accurately abstracts information; accurately abstracts information for inclusion in financial, statistical and billing data bases; and to do related work as required.

**SUPERVISION RECEIVED:** Works under the general supervision of a superior from whom assignments and instructions are received with considerable latitude for exercise of initiative and independent judgement; work is subject to review occasionally in process, but, usually upon completion through conference and for results attained as well as conformance to established policies and objectives.

**SUPERVISION EXERCISED:** Assists in planning, supervising and reviewing the work of subordinates as required.

**ILLUSTRATIVE EXAMPLES OF WORK PERFORMED:**

To review, evaluate and correctly interpret in-patient and out-patient medical records and extract pertinent diagnostic, procedural and demographic information.

To maximize financial reimbursement through proper interpretation and application of HCFA, ICD-9-CM and CPT-4 rules and regulations.

To maximize financial reimbursement through correct selection, sequencing and coding of diagnostic and procedural information.

To bring questionable or poorly documented cases to the attention of the physician of record, Medical Records Director or Medical Director for discussion, clarification and resolution.

To collaborate with and provide expert assistance to medical staff and medical records staff regarding coding and other related issues.

To work closely with billing unit staff to ensure appropriate internal control of data.

To verify information on the PSI abstract form and review additional information recorded on the PSI abstract form.

To utilize computer systems in determining health care coverage for each patient.

To ensure that health care records are coded, abstracted and forwarded to the billing unit for billing purposes.

To be responsible for maintaining a bi-weekly "status" log of all admissions, transfer and discharges so that all records are accounted for and completed.

To recognize the highly confidential information in a medical health record and understand the need for, and importance of, maintaining strict confidentiality of all patient and hospital information at all times.

To assist supervisor and medical staff in other related work as requested.

**REQUIRED QUALIFICATIONS FOR APPOINTMENT:**

**KNOWLEDGES, SKILLS AND CAPABILITIES:** An extensive working knowledge of medical terminology, anatomy, physiology and pathology as well as a knowledge of pharmacology, diagnostic testing and medical procedures sufficient to allow accurate interpretation of medical record content and determination of precise diagnoses and procedures; a complete working knowledge and understanding of ICD-9-CM and CPT-4 classification systems and demonstrate proficiency in the application of coding rules and regulations; knowledge of Medicare, Medicaid and other third party payors; regulations and policies

regarding billing and reimbursement, the ability to apply such knowledge for extracting and assigning proper codes for billing purposes; ability to provide guidance, direction and assistance when needed to medical staff, medical records staff and billing unit staff; and related capacities and abilities.

**EDUCATION AND EXPERIENCE:**

Education: Such as may have been gained through: graduation from a college of recognized standing with specialization in medical record science; or graduation from a school of nursing, and certification as an ART or CCS by AHIMA.

Experience: Such as may have been gained through: employment as a Coding Abstractor or Coding Specialist and working with the CPT-4 classification system in the reimbursement area in an approved public or private hospital.

Or, any combination of education and experience that shall be substantially equivalent to the above education and experience.

Class Created: February 1, 1998

Editorial Review: 3/15/03